Quality Data Model (QDM) User Group Meeting |Minutes

Meeting date | *8/17/2016 2:30 PM EDT* | Meeting location|Webinar link:
https://esacinc2.webex.com/esacinc2/j.php?MTID=m44a035b19cbc63ce3310c583e0354de8

Attendees:

	Name	***Organization***
	Abby Rech	NA
	Alex Lui	Epic
	Amanda Hashman	NA
X	Angela Flanagan	Lantana
X	Anna Bentler	The Joint Commission
X	Anne Coultas	McKesson
X	Anne Smith	NCQA
	Ashley McCrea	ESAC
	Balu Balasubramanyam	MITRE
X	Ben Hamlin	NCQA
	Bryn Rhodes	ESAC
X	Chana West	ESAC
X	Chris Markle	ESAC
	Chris Moesel	Mitre
	Cindy Lamb	Telligen
X	Cynthia Barton	Lantana
	Dalana Ostile	NA
	Dave Stumpf	NA
	Dave Wade	NA
	Debbie Hall	University of Maryland
	Flor Cheatham	NA

	Name	***Organization***
	Kendra Hanley	PCPI
	Kimberly Smuk	PCPI
	KP Sethi	Lantana
	Laura Pearlman	NA
X	Lisa Anderson	The Joint Commission
	Lizzie DeYoung	NA
X	Lynn Perrine	NA
	Marc Hadley	MITRE
X	Margaret Dobson	Zepf Center
X	Marilyn Parenzan	The Joint Commission
	Michelle Dardis	The Joint Commission
X	Michelle Hinterberg	MediSolv
	Mike Shoemak	Telligen
X	Nadia Ramey	ESAC
	Patty McKay	FMQAI
X	Paul Denning	MITRE
	Rebecca Swain-Eng	NA
	Rose Almonte	NA
	Rob McClure	NLM Contractor
	Rukma Joshi	ESAC
	Rute Martins	MITRE

	Name	Organization
X	Floyd Eisenberg	ESAC
	Guy Ginton	ESAC
	Hellena	NA
X	Howard Bregman	Epic
	Jamie Jouza	PCPI
	Jean Fajen	Telligen
	Jenna Williams-Bader	NCQA
	John Carroll	The Joint Commission
	Jennifer Bonner	NA
X	Joe Kunisch	Memorial Hermann
	Jorge Belmonte	AMA
	Julia Skapik	ONC
	Julie Koscuiszka	NA
X	Juliet Rubini	Mathematica
X	J Frails	Meditech
	Khadija Mohammed	ESAC

	Name	Organization
X	Ruth Gatiba	Battelle
X	Ryan Clark	Xcenda
X	Shon Vick	ESAC
	Stan Rankins	Telligen
	Stephanie	NA
	Susan Wisnieski	NA
	Syed Zeeshan	eDaptive Systems
	Tammy Kuschel	McKesson
	Toni Wing	NA
X	Vaspaan Patel	NQF
	Wendy Wise	NA
X	Yan Heras	ESAC
X	Yanyan Hu	TJC
	Yvette Apura	AMA-ASSN
	Zahid Butt	MediSolv
	Zach May	ESAC

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Floyd Eisenberg-ESAC	• 2017 CMS QRDA HQR Implementation Guide, Schematrons and Sample file are available • "Review of Draft QDM v5.0 for CQL Measure Developers" Webinar takes place 8/18/16 from 4-5 PM ET. A draft version of QDM 5.0 is also published on the CQL site on the eCQI Resource Center. • "CQL Basics" Webinar takes place 9/1/16 from 4-5 PM ET. • Please send examples for the upcoming Cooking with CQL Webinar to bryn@databaseconsultinggroup.com or cql-esac@esacinc.com
50 Minutes	Adding "Component" Attribute to QDM	Floyd Eisenberg-ESAC	Consideration for new attributes for Assessment, Performed; Laboratory Test, Performed; Diagnostic Test, Performed and Physical Exam, Performed.

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	5.1		Attributes include “Component (code)” and “component result” The User Group previously discussed how to manage components of panels in CQL. If several results from the same panel are needed, identifying the panel could be helpful to potentially preclude the need to relate the specimen times for each test. The following examples were updated to reflect more realistic scenarios: 1. **Diagnostic Study, Performed – managing a component result:** Current: • Diagnostic study, Performed: ejection fraction (result) Proposed: • Diagnostic Study, Performed: Ultrasound (Component: *ejection fraction as code/value set* <result>) • Diagnostic Study, Performed: Ultrasound (Component: *ventricular wall thickness* <result>) 2. **Physical exam, Performed – managing a component result:** Current (retinal exam): • Physical exam, Performed: Cup to Disc Ratio (result) Proposed (retinal exam): To be complete the exam must contain five elements as listed below: • Physical exam, Performed: Optic Disc Exam • Physical exam, Performed: Optic Disc Exam (Component: *cup to disc ratio* <result>) • Physical exam, Performed: Optic Disc Exam (Component: *macula* <result>) • Physical exam, Performed: Optic Disc Exam (Component: *vessels* <result>) • Physical exam, Performed: Optic Disc Exam (Component: *hemorrhage* <result>) • Physical exam, Performed: Optic Disc Exam (Component: *exudate* <result>) Current (diabetic foot exam): • Physical exam, Performed: Vascular foot exam (result) Proposed (diabetic foot exam): The diabetic foot exam has three components: • Physical exam, Performed: Diabetic foot exam

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			• Physical exam, Performed: Diabetic foot exam (component: Vascular <result>) • Physical exam, Performed: Diabetic foot exam (component: Neurological <result>) • Physical exam, Performed: Diabetic foot exam (component: Skin integrity <result>) Current (blood pressure): • Physical exam, Performed: Systolic Blood Pressure (result) • Physical exam, Performed: Diastolic Blood Pressure (result) Proposed (blood pressure – from the same reading): • Physical exam, Performed: Blood Pressure (component: Systolic blood pressure <result>) • Physical exam, Performed: Blood Pressure (component: Diastolic blood pressure <result>) 3. **Laboratory Test, Performed – managing a component result:** Current (chemistry panel): • Laboratory Test, Performed: serum glucose (result) Proposed (chemistry panel): • Laboratory Test, Performed: Chemistry Panel (component: serum glucose <result>) • Laboratory Test, Performed: Chemistry Panel (component: sodium <result>) Current (glucose tolerance test): • Laboratory Test, Performed: 1 hour GTT test (result) Proposed (glucose tolerance test): If looking for the result of 1 hour and 3 hour: • Laboratory Test, Performed: Glucose Tolerance Test • Laboratory Test Performed: Glucose tolerance test (Component: 1 hour glucose, <result>) • Laboratory Test Performed: Glucose tolerance test (Component: 3 hour glucose, <result>) Many of these have LOINC representations for the panel and the subcomponents**.**

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			4. **Assessment, Performed – Managing components of assessment panels, Examples include:** Current – General Assessment: • Assessment Performed: Ambulatory status (result) Proposed – General Assessment: • Assessment, Performed: CARE Tool (component: ambulatory status <result>) • Assessment, Performed: CARE Tool (component: Skin ulcers <result>) Current – Evaluation Tools: • Assessment: Performed: days of school missed <result> Proposed – Evaluation Tools: • Assessment, Performed: Asthma Evaluation Scoring Tool (result) • Assessment, Performed: Asthma Evaluation Scoring Tool (component: days of school missed <result>) • Assessment, Performed: Asthma Evaluation Scoring Tool (component: asthma attack in last 7 days <result>) Component can reference either a single value or a value set. The attribute is "component code" and "result". The reason for indicating "code" is to explicitly indicate the single code, or one of the codes in the value set must be present to meet the criteria for the data element. The need to be explicit is based on the way CQL is designed. Previously, QDM implicitly required these codes to meet criteria but it did not specify it directly. The addition of "code" makes this an explicit statement. Floyd noted Procedure, Performed should be added to this list as well given it could have component results. During the discussion with the Governance Group one commenter noted that EHR implementations might represent panel as headers in a table, but the headers does not necessarily have the panel LOINC code assigned. Consequently, if this approach is used, measure developers will need to address feasibility because this approach may not work in all cases. Measure developers should also assess feasibility to assure the clinician workflow and the EHR workflow both capture the required component details in structured form.

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			Discussion: Lisa Anderson (The Joint Commission) noted many of the results from the radiology studies are free narrative. In the example of Diagnostic Study, Performed: Ultrasound (Component: *ejection fraction as code/value set* <result>) - does LOINC have codes in these radiology studies to indicate the component of interest (e.g., ejection fraction)? Floyd noted there are panels where each component has its own LOINC code as a subcomponent. When this is not the case, measure developers should work with experts in the field to evaluate the clinical workflow and determine the best way to encourage standardized implementation and structured data capture. The process should support improved clinical workflow to enable clinical decision support and measurement to be feasible. The measure developer or the clinical expert group can then submit the panel to LOINC for approval. Thus, feasibility must be evaluated as measures are initially designed. The workflow must support this approach to suggest including components in the measure. To accommodate these concerns, the QDM document will indicate that workflow analysis is essential before developing a measure. Lisa suggested it would take time for other standards groups to begin using this approach. Shon Vick (ESAC) noted in response to a similar problem he found that writing models that matched the analyst's intent to the physical model were fruitful. This allows you to change the model without having to change LOINC, which is a very slow process. He suggested you could develop a layer, which describes doctor intent, and map this to LOINC allowing these two to change. Floyd asked if anyone on the call was opposed to including the "component" attribute in QDM draft 5.1. QDM 5.1 is the CQL testing version of QDM. One vendor indicated concern about feasibility on the last QDM UG call. The discussion addressed the feasibility issue. One measure developer asked for further time to review, but no others others expressed concern. Floyd suggested if the LOINC code cannot be assigned to the panel, then you just identify the individual test and not the panel. Measure developers can continue to use timing logic when necessary to connect results. Floyd suggested this draft allows measure developers to learn what works and what does not. The team can then reevaluate in six months. Paul Denning (MITRE) noted from a Bonnie perspective, QDM 5.0 content is anticipated to be on the staging servers in October 2016. Floyd noted for the Bonnie and MAT, QDM 5.0 would be for testing only, not production. The Component approach would come in a future testing version of the QDM (5.1) subsequent to the October release. Floyd indicated that he would add the

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			Component attribute as a JIRA ticket to allow for additional comments, and also include "Procedure, Performed" as a potential place to use the component result code.
5 Minutes	Next Meeting	Floyd Eisenberg – ESAC	**Agenda items for next QDM user group meeting** – Contact us at gdm@esacinc.com – Or start a discussion: gdm-user-group-list@esacinc.com **Next user group meeting** – Regularly Scheduled Meeting – September 21, 2016 2:30pm – 4:30 PM EDT

Action item	Assignee
None	NA